

School District of the City of Saginaw
**NON-CERTIFIED PERSONNEL
REQUEST FOR LEAVE**



Check Classification:

- Bus Driver/Rider Paraprofessional
 Cafeteria Host/Hostess/Cook Secretary
 Custodial/Maintenance Aide (SEIU)

Article _____
Master Agreement Article Number
under which request is submitted.

1. Advanced notification is required. Authorization must be granted prior to the leave, (except in cases of emergency).
2. Staff member requesting leave must submit completed form to immediate supervisor/principal.

**SUBMIT COMPLETED FORM TO:
HUMAN RESOURCES DEPARTMENT**

Date of Request _____

Name of Person Requesting Leave _____

School Building _____ Social Security Number _____

Date(s)/Duration of Leave _____

Type of Leave Requested _____

Please complete this section for conference leave.

In-District Event Out-of-District Event

Is reimbursement being requested? Yes No
(If reimbursement is requested, please attach Travel Application and
Expense Statement and complete the Estimated Expenses item.)

Any Pertinent Data _____

Purpose of Leave (reason must be stated) _____

Account # _____ Estimated Expenses \$ _____

Signature of Person Requesting Leave _____ Date _____

Signature of Principal/Supervisor _____ Approved / Denied Date _____

**APPROVAL IS SUBJECT TO MASTER AGREEMENT PROVISIONS
PLEASE SEND ALL COPIES TO THE HUMAN RESOURCES OFFICE**

Human Resources Office Only

Days Approved (If Available) _____

Article Number _____

Signature: Approved / Denied _____ Date _____

If Denied, Reason _____